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Chapter 4

Comprehension of Reproductive Health and Well-Being Among Women: A Qualitative Study

A qualitative study was conducted to better understand the factors influencing knowledge-building and information-seeking behaviour regarding reproductive health and well-being. This chapter focuses on identifying the sociodemographic influences and psychosocial factors that restrict knowledge building and information seeking among women. The chapter details the qualitative study's objectives, methods, and participants' demographics, followed by a discussion of the thematic analysis and the emergent themes.

For female adolescents, understanding reproductive health and well-being is a continual process. Information provided during adolescence evolves and matures over time, and how women face their health issues depends on their learnings since adolescence. These learnings are further influenced by their cultural, environmental, and overall exposure to these topics. An individual's attitude also plays a vital role in enabling learning. Hence, to develop interventions or programmes for adolescent behaviour change, it is necessary to understand the knowledge that has been retained and the factors that influence learning in women.

A qualitative study was conducted to identify the factors that affect information seeking, knowledge building, and information retention regarding reproductive health and well-being in a woman since adolescence, as well as the function of attitude towards information seeking for positive behaviour change. Semi-structured interviews were conducted with 30 women aged 26–60 years residing in various parts of India. The methods, emergent themes, and interview findings are presented in detail in this chapter.

1.1 Study Objectives

The objectives of the qualitative study were to:

- understand the factors that influence information-seeking behaviour during the formative years of adolescence;

- understand whether information-seeking behaviour depends on the residential location of female adolescents;
- identify the sociodemographic and cultural influences that impact knowledge building regarding reproductive health and well-being;
- understand attitudes towards health-seeking behaviour and evaluate the impact of lived experience in knowledge building;
- identify the modes of communication used to seek information regarding reproductive health and well-being and their effect on behaviour change; and
- evaluate the retention of information received during adolescence, identify the sources of and reasons for retention, and measure the impact on behaviour change.

1.2 Methods

Semi-structured interviews were conducted where women were asked to describe their journey towards understanding their reproductive health and well-being, from menarche to the present. As the participants were allowed to narrate their stories without leading questions, they overcame barriers and inhibitions about sharing their personal experiences. Probing questions were used in instances where the context was not evident. The process helped highlight deep-rooted cultural influences essential to their understanding. The selected age range helped understand the changes in trends, patterns, and practices.

1.2.1 Demographic Details

Table 1

Participants' Age Groups

Age group (in years)	26–30	31–35	36–40	41–45	46–50	51–55	56–60	Total
Number of participants	5	3	5	5	6	4	2	30

Table 4 shows the age distribution of the sample. Of the 30 participants, six (all of whom were older than 45 years) had been in one location throughout their life; one had shifted

from a tier-1 to another tier-1 city; four from a tier-2 to another tier-2 city; one from a tier-1 to a tier-2 city; and seven from a tier-2 to a tier-1 city. Further, six had moved around several cities and were currently staying in a tier-1 city; one had moved abroad from a tier-1 city; two had moved abroad from a tier-2 city; and two had shifted locations multiple times within India.

1.2.2 Procedure

The semi-structured interviews were conducted offline and online depending on the feasibility for the participant. Informed consent was obtained from all the participants, and they were assured of the confidentiality of their responses, especially regarding their personal experiences and challenges. The initial 10 interviews were conducted in person with a prior appointment. The remaining 20 interviews were conducted telephonically or using Jitsi Meet (https://jitsi.org/jitsi-meet/). The interviews were conducted in English, Hindi, and Bengali, depending on the participant's language preferences. The 30 interviews consisted of a total of 970 minutes of audio recordings. The average duration of an interview was approximately 33 min, and the duration varied by the openness of the participant from a minimum of 23 min to a maximum of 57 min.

1.2.3 Structure of the Interview

The interview was designed using open-ended questions to make participants reflect on their self-journey towards understanding reproductive health and well-being. The interviews started with ice-breaker questions about demographics, followed by direct questions about terms such as sexual health, reproductive health, and hormones. These were followed by reflective questions about the participant's experience through the various stages of life in relation to the evolution of their knowledge and understanding through experience. Finally, probing questions were asked for a better understanding of the context.

Table 2

Structure of the Interview

Dimensions	Topics
Understanding of terminology related to reproductive health and well-being	• Theoretical and conceptual awareness about various aspects related to reproductive and sexual health
Factors influencing information-seeking behaviour	• Exposure to information • Sociodemographic factors • Influence of family and peers
Factors influencing knowledge building	• Exposure • Education • Association • Lived experience
Towards self-reliance	• Lifestyle changes • Self-awareness by developing consciousness

Note. The interview questions are included in the Appendix section.

1.3 Analysis of the Interviews

The interviews were analysed using a thematic analysis approach, where various categories and patterns in the data were identified around the core phenomena as first defined by Braun and Clarke in 2006 (Clarke et al., 2015). The analysis of the qualitative data included the following steps:

1. The 970 minutes of audio recordings of the interviews were transcribed in an Excel worksheet. A separate sheet was maintained for each participant, and each statement was added on a separate line to facilitate the coding process and analysis.
2. Each statement in each interview was assigned a code or label from which the themes emerged.
3. The statements were segregated by theme, where each theme had a separate sheet.

4. The themes were further sorted into subthemes.

The following sections present the themes and subthemes described in this chapter.

1.3.1 Understanding of Terminology

The questions in these sections were used as ice-breaker questions to evaluate the understanding and interpretation of the terms '**healthy**' and '**reproductive and sexual health**'. To make the participants comfortable, they were requested not to focus on accuracy and instead share their thoughts, emphasising that no response is incorrect.

1.3.1.1 Healthy. The term 'healthy' lacked a consistent definition among the participants. The definitions spanned a spectrum, including a disease-free life, having adequate energy for daily activities, maintaining good hygiene and a balanced lifestyle, and an emphasis on the mind over the body. Some participants noted that their definition of 'healthy' had evolved.

When categorising the definitions by age, it was observed that women aged 26–35 referred to 'healthy' as a state where one can comfortably manage daily activities. A 28-year-old participant elaborated, '*Health is not solely physical. A person is healthy when their fitness, physical, and mental health are fine. Nowadays, financial resources also play an important role in keeping a person healthy*'. Echoing this, a 30-year-old participant stated, '*Being healthy means that you don't tire easily; simple daily chores shouldn't make you feel too tired or drained*'.

Participants aged 36–45 years consistently expressed the idea that being healthy is related more to one's state of mind, spirituality, and life experiences, with definitions evolving over time. Illustrating this evolution, one participant remarked '*that until your late twenties, health is not the sort of thing you discuss and nor is there much scope to do so. Such discussions were not part of my formative years because we were assumed to be healthy*'. The theme of life stages impacting health perceptions was also evident in a comment by another participant, who began paying attention to health discussions after becoming a mother at 29 years old. '*By the age of 32 or 33*', she noted, '*I started realising that my husband and I had gained a lot of weight and that I was unable to lose the weight I had gained after pregnancy*'. Another participant, who was 37 years old, stated, '*Once you have a child, you have to be very conscious about what you eat, so we always discuss whether something is healthy to eat*'. Emphasising

the psychological facet of health, a 40-year-old participant mused, '*Over the years, I have come to realise that being healthy is also a state of being or mind where I'm comfortable with myself*'.

For women over 50, being healthy was equated with a hygienic lifestyle, cleanliness, remaining disease-free, and effortless daily activity. A 56-year-old participant captured this sentiment succinctly, declaring, '*For me, a healthy mind is more important than a healthy body*'.

For some, being aware and prepared for the future was paramount. Only one individual expressed this sentiment: 'As long as you're aware and your systems are in balance, you're healthy. You can't avoid tomorrow; if I get cancer, there's no telling what might happen'. Five participants alluded to a healthy, disease-free life marked by the 'absence of pain, the ability to adapt to any environment, and freedom from serious illness'. The link between energy for daily activities and health was also prominent. Highlighting this connection, five participants shared views such as 'It is important to maintain good stamina. Simple daily chores shouldn't make you feel too tired'. Hygiene was another focal point, with a participant noting the importance of 'keeping one's private parts clean'. The evolution of the participants' definition of health was also observed: two individuals articulated this progression, one of whom mentioned, 'I think my definition of health changed through the years. Now, I perceive a healthy person as someone who is in charge of their body, doesn't fall sick often, and maintains their health'. Healthy lifestyle choices, such as 'eating a healthy diet, exercising regularly, and maintaining certain health patterns to stay strong' were acknowledged by two participants. A predominant subtheme voiced by 15 participants revolved around mental and physical well-being, captured in statements such as 'Someone healthy is conscious of everything. It's not just about fitness but encompasses both physical and mental health'. Lastly, the balance between mind and body was emphasised, with four individuals favouring the former. One elaborated, 'A healthy mind is more important to me than a healthy body. Even the WHO defines health as having physical, social, and emotional aspects. I align with that definition but also believe in being oneself'.

1.3.1.2 Sexual and Reproductive Health. Of the 30 participants, only four were able to differentiate between reproductive and sexual health; six had a thorough understanding of the topic because of their information-seeking behaviour; seven felt that reproductive health was related only to reproduction; two had basic knowledge developed through lived experience; ten possessed some information based on assumptions; and one considered both topics to be the same, relating them with the mind and body or menstruation.

The understanding of reproductive and sexual health depended on an individual's attitude and information-seeking behaviour rather than their age and location. Women from the older age groups could articulate responses based on their lived experience and motivation to stay fit. However, most of the participants had mixed reactions. For example, a 29-year-old participant's understanding of reproductive health was tied to the ability to reproduce healthily, exemplified by her statement that reproductive health exists '*when reproduction occurs healthily and both the mother and child are healthy. You need to have a healthy body and mind*'.

In contrast, 'sexual health' evoked more varied responses, encompassing physical well-being, emotional comfort, libido, and societal taboos. On the one hand, a 42-year-old participant pointed out that certain aspects of sexual health might be considered '*gross*' and therefore avoided. On the other hand, a 33-year-old participant associated sexual health with being infection-free when one is sexually active, emphasising the importance of hygiene before and after intercourse. Some participants had a clear theoretical and conceptual understanding of reproductive and sexual health. For example, a 56-year-old participant cited the example of '*smooth deliveries*' among women who perform exercises for maintaining their reproductive organs, and a 56-year-old participant stated that '*one should have sex regularly so that the organs remain active and healthy*'. However, for some participants, especially those above the age of 40, the understanding seemed to stem from self-awareness and experience. A 45-year-old woman eloquently captured this blend, stating that reproductive health revolves around menstrual cycles and childbirth, whereas sexual health is about understanding one's desires and needs. Another participant, aged 46, spoke of the importance of recognising disruptions in one's cycle as indicators of reproductive health.

Nevertheless, despite the varied perspectives, a common thread among many participants was the interconnectedness of reproductive and sexual health. A 37-year-old woman voiced this sentiment, emphasising that while she has '*an active and healthy sexual life*', the focus is on '*pleasure, not reproduction*'. Another participant, aged 43, highlighted the distinction between the '*act of sex*' and the choice of reproduction. The responsibility of maintaining reproductive and sexual health was also noted as being shared between partners; a 51-year-old participant commented that reproductive health '*is not solely about women. Both partners need to be healthy for reproduction to be successful*'. A fascinating aspect that emerged from the data was the psychological dimension of reproductive health. A 51-year-old

participant linked reproductive health with not only the physical state of one's reproductive organs but also one's mental acceptance and positivity towards them.

In conclusion, the age distribution of the participants suggests that a conceptual understanding of reproductive and sexual health is often acquired through experience and personal exchanges, such as conversations with peers. This was exemplified by a 50-year-old participant who reminisced about the fragmented information she received from friends, indicating that comprehensive understanding often comes piecemeal and evolves over time.

1.3.1.3 Hormones. The participants' understanding of hormones and their effect on women's well-being varied from a theoretical to a more conceptual understanding. This understanding predominantly stemmed from lived experiences and information gathered from personal sources and occasionally social media. While the participants' understanding may not have been exhaustive, it was accurate based on the information they had assimilated or personally experienced.

A well-formed theoretical understanding of hormones was exemplified by a 45-year-old participant who stated,

> *The primary function of hormones is to catalyse critical changes in our body, usually through an interplay of enzymes, coenzymes, and hormones. Take pregnancy as an example: it occurs when a set of hormones is released as soon as fertilisation occurs, and the embryo latches on to the uterine wall. This attachment results in an increase of progesterone and estrogen, which are vital for safeguarding the pregnancy. A hormonal imbalance at this stage can result in the loss of the foetus. Furthermore, hormones such as oxytocin initiate lactation and are part of natural bodily processes, including the thyroid hormone.*

1.3.1.3.1 Conceptual Understanding. A conceptual understanding of the role of hormones in reproductive and sexual health appeared to be primarily experiential, shaped by personal encounters and gradual learning. A 28-year-old participant recalled her introduction to hormones, stating, '*The first time I heard about hormones was when I had my first period. I was told I would experience some changes similar to those in premenstrual syndrome*'. Her awareness also extended to rumoured changes post-marriage, though she admitted to not having a deep knowledge or firsthand experience of such shifts. Another participant, aged 42 years, underscored the pivotal and unique role hormones play, mentioning that hormones

'*regulate and cater to reproductive health and have a significant role. However, they work differently and can have contextual effects depending on the person*'.

This individual variability and its profound impact on mental health, particularly in women, was further acknowledged by a 48-year-old participant. She highlighted the manifold effects of hormones, explaining, '*I think the female hormones significantly impact one's mood and can lead to depression after and before pregnancy. Usually, women have premenstrual mood swings, bloating, and other health issues that seem to resolve after their periods*'. She also discussed the confusion surrounding different hormones and women's varied experiences across age brackets, indicating a more profound understanding through lived experience.

1.3.1.3.2 Understanding Through Experience. Often serving as a potent educator, personal experiences impart insights that might be missed in theoretical knowledge. A 37-year-old participant described a recent incident where she observed spotting during ovulation. Consulting a doctor revealed an imbalance between her progesterone and estrogen levels, and the subsequent prescription led to an allergic reaction, a testament to the profound influence of hormones on our bodies. She reflected, '*I do think that hormones affect us considerably*'. Another participant, aged 43 years, recalled her mother's experience with menopause and the consequent decline in bone density. Despite being aware of the risks, her mother chose to undergo hormone replacement therapy not merely for aesthetic or mood-related benefits but also for her overall health and well-being. She asserted, '*I understand that the hormones were good for her skin or hair as well as her bone density and overall health*'. These narratives emphasise how real-life encounters with hormonal changes and their consequences can deepen and refine women's understanding of reproductive and sexual health.

Several categories emerged by understanding the implications of hormones for women, highlighting the multifaceted roles hormones play in human physiology and psychology. Psychologically, hormones were often associated with emotional regulation, feelings of happiness and sadness, and mood swings, which 10 participants echoed. Five participants linked hormones to noticeable physiological changes in the body, such as weight gain. Another five participants noted the role of female hormones in developing secondary sex characteristics such as breast formation and pubic hair growth.

The hormones, which are produced by various glands, were recognised by another five participants for their essential roles in functions such as growth. Three participants mentioned that hormones are responsible for triggering sexual instincts. The cyclical nature of female

hormones, affecting stages such as pre-menstruation, post-menstruation, and menopause, was cited by four participants. Additionally, hormones were credited by two participants each for influencing overall well-being and managing stress. Other crucial roles of hormones mentioned included overseeing metabolism and maintaining bone density, as indicated by one participant each.

1.3.1.3.3 Information Sources for Understanding Hormones. When understanding hormones, educational resources and information dissemination are crucial. A 45-year-old participant emphasised the value of visual tools, referring to a specific graph often found in physiology textbooks that elucidated the fluctuations of key hormones throughout the menstrual cycle. She noted, '*It is just a simple graph showing how your whole menstrual cycle works … and that it is just an interplay of hormones. Explaining this one simple thing could make an immense difference by offering adolescents complete clarity*'. Furthermore, she indicated that those who have taken specific educational paths, such as those related to biology or life sciences, might be familiar with this information, suggesting a gap in widespread knowledge.

On the other hand, a 46-year-old participant reflected on the proliferation of information in the digital age. She pondered, 'I don't know if people are more aware now about hormonal health because of social media, awareness campaigns, or if it is the case that one is getting to see and hear more about hormonal health'. She highlighted the imperative of attending to hormonal health, especially in the context of modern lifestyles and dietary habits.

1.3.1.4 Contraceptives. Across all age groups, the participants' comprehension of contraceptives consistently revealed ambiguities. Only a minority of the participants discussed the topic with ease, and among those who did, many demonstrated gaps in their understanding. Their experiences spanned a spectrum: from external pressures against contraceptive use, gathering knowledge from peers, to facing unintended pregnancies due to a lack of clarity. A 51-year-old participant recounted,

> *My mother-in-law opposed the use of contraceptives, as she was eager for my husband and me to start a family soon. However, I wasn't on the same page. After my first child's birth, my doctor recommended the Copper T, which I subsequently began using. Before I was married, my friends and I had been aware of contraceptive methods for men, but were unaware that women also had such protective measures.*

Echoing the role of peers, a 46-year-old participant mentioned, ‘During college, gossip sessions with friends proved enlightening. I first learnt about the emergency contraceptive pill when two friends needed it. Acquiring it was a challenge back then, but we managed’. Relatedly, a 28-year-old participant reflected on her proactive approach towards contraceptive use and the unexpected: ‘I was aware of the importance of protection. If anything seemed unusual, my first point of contact would be friends who had children, and then, I’d consult a doctor if required’.

However, some experiences were laden with personal challenges. A 39-year-old participant revealed, ‘Upon becoming pregnant unintentionally, I opted for an abortion and didn’t inform my parents. Dealing with pregnancy at that age was overwhelming’. A 54-year-old participant, recollecting a similar incident during her college years, noted, ‘That event starkly differentiated my theoretical knowledge from my practical understanding. The reality was different from what the textbooks conveyed’.

> Emphasising the significance of empowering women, a 48-year-old participant opined, *Educating teenagers transitioning to adulthood is crucial, particularly for female adolescents. They need to decide when or if they want to become mothers. Navigating discussions around contraception can be challenging. Regardless of whether a woman was sexually active before or after marriage, they have choices and deserve a voice. Giving birth is not all that women are meant for; they play multifaceted roles in society.*

1.3.2 Learning Through Lived Experience. There was evidence suggesting that women’s understanding of their bodies and the various reproductive issues they face were significantly shaped by their own lived experiences. These experiences were diverse and unique; while events such as menstruation, conception, reproductive health issues, and menopause are common across women, the personal implications and lived experiences surrounding these events differ markedly. Only some participants were equipped with prior knowledge because of specific life experiences; most had to navigate challenges as they arose, sometimes informed and aware, and at other times trying and exploring various coping strategies. Although the discourse around menstruation is only a few decades old and women today are far more aware than in the past, topics such as menopause and other reproductive health issues remain less openly discussed. Consequently, many women learn to navigate these issues based on their lived experiences.

1.3.2.1.1 Understanding Menstruation. Women who had had a smooth initiation into their menstrual cycle and had been given a conceptual explanation could manage their period-related concerns. For instance, one participant (P18) explained that she '*was informed about menstruation by my mother, who described it as a wonderful part of growing up, not simply an indication of fertility. This positive framing established my curiosity, which furthered my understanding as I grew older*'.

However, in most cases, the introduction to menstruation came either with scanty information or none at all. Consequently, learning occurred through random sources or lived experience. Table 4 captures the variety of ways in which the participants received information, identifying both the sources of their knowledge and strategies for managing their periods.

Table 3

Structure of the Interview

Subtheme	Age group	Number of participants	Example quotes
Uninformed or unaware	26–30	2	'*Thought I got cancer*' '*Periods started late; I thought it wouldn't happen to me*'
	31–35	2	'*Was unaware and used a newspaper to stop it*'
	36–40	1	'*A friend said she sometimes didn't get periods, which made her happy. I hoped for the same*'
	36–40	1	'*Continued wearing pads all through the month as I was unaware of how menstruation occurs*'
	40–45	1	'*Used to see my mother facing issues related to reproductive health, but was never informed about anything*'
	46–50	1	'*I was uninformed and unprepared. My mother gave me homemade pads but didn't properly*

Subtheme	Age group	Number of participants	Example quotes
			explain how to use them. They would fall off when I used to play with my brother'.
	46–50	1	'*Was cycling when it started*'
	46–50	1	'*Unaware, but had some idea because of living in a joint family. However, I wasn't clear on what happens in the body*'
	50–55	1	'*Had no idea. It was a surprise discovery when my mother found a stain in my innerwear*'
Received information	26–30	2	'*Happens to everyone*' '*My parents explained it as a normal phenomenon, but without a conceptual understanding*'
	31–35	1	'*My aunt explained everything to me*'
	36–40	1	'*My mother explained everything to me. I was the first in the class to know everything about periods…*'
	36–40	1	'*My mother was a doctor but did not inform me and just gave me a sanitary pad. I had discussions with my friends*'
	41–45	1	'*This happens to everyone*'
	41–45	2	'*It is because you will have a child one day*'
	46–50	1	'*I knew I would get it every month and matured into a girl whose adulthood had begun in some sense. I knew I needed to be hygienic and possessed some sense of caution and sexual danger*'
	50–55	1	'*A girl won't be complete if her periods do not occur. It is necessary for a girl to have her periods*'

Subtheme	Age group	Number of participants	Example quotes
Information source	50–55	1	'*My mother guessed that I had begun menstruating and asked an elder cousin to teach me*'
	56–60	1	'*Blood will spill from your body every month, and this happens with all girls*'
	65–70	1	'*A complete understanding was there regarding what is likely to happen. I knew I needed to be more careful compared to before and take care of myself as much as possible*'
	26–30	3	'*Was given a book to read with images of female anatomy*' '*Biology class lessons*' '*An overwhelming awareness session in school*'
	31–35	2	'*Found out from a biology textbook chapter*' '*Positive discussion with friends*'
	36–40	1	'*Was an avid reader, so got most of my information from books and reading and less from talking with friends*'
	40–45	1	'*Gained an understanding in school through a session*'
	46–50	1	'*My sibling taught me how to use homemade pads*'
	46–50	1	'*I am very fortunate that an excellent book guided me well*'
	46–50	1	'*They had randomly organised randomly two or three sessions, where we were spoken to about it, but it almost felt like they were doing a duty*'

Subtheme	Age group	Number of participants	Example quotes
	51–55	1	'*No one told me at home, and I learnt about it from school friends … simple discussions in school about who did or did not get pain*'
	56–60	1	'*Discussion about cramps and periods. A lady doctor told me to be active in order to have regular periods*'
Lived experience	26–30	3	'*Something changed in the body: pubic hair*' '*Had to use painkillers due to the pain*' '*Used to have pain 2 or 3 days before my periods would begin*'
	36–40	1	'*My periods were manageable until I was in postgraduate college, after which I began experiencing nausea, vomiting, and cramps*'
	46–50	1	'*When I was an 11-year-old in the sixth standard, I could not identify the disease until after six years, when I entered the 12th standard*'
Others' experiences	26–30	1	'*My mother used to have mood swings*'
	36–40	1	'*Unlike me, my sister had painful periods with gas and dizziness. I didn't bother to understand why because it was not happening to me*'
	46–50	1	'*My cousin used to have terrible pains, but I just could not understand why*'
	56–60	1	'*My daughter got to know from her friends. She used to have mood swings and become silent*'
Managing periods	26–30	1	'*Used to be uncomfortable using pads*'
	31–35	1	'*Started using pads since the 11th standard*'

Subtheme	Age group	Number of participants	Example quotes
		1	'*My periods continued for 14 or 15 days, so I received homeopathic treatment*'
	36–40	1	'*My sister and I used to have a lot of pain. My mother could never understand why we would be inactive for 3 or 4 days when we had our periods*'
	46–50	1	'*I used to have complicated periods. I suffered a lot because my mother was ignorant; otherwise, I wouldn't have faced so many complications. ... My daughter had the same experience and forced me to take her to a doctor*'
	51–55	1	'*Packing and getting a cloth back from school after washing it was a problem. Pads were uncommon then*'
	51–55	1	'*I used to be more worried mentally than physically*'
Understanding	31–35	2	'*I knew its importance because it relates to childbirth, which I read about in a biology book. I don't remember which book it was, but I was aware then*' '*I understood periods but not reproductive health. My periods started later, but I knew about them already*'
	36–40	1	'*When I could not conceive, I researched and studied menstruation. I understood not only the criticality of periods but also about different menstrual problems such as PCOS and so on*'

Subtheme	Age group	Number of participants	Example quotes
	41–45	1	'*This is a private matter I don't talk to anyone about*'
	46–50	1	'*I discussed pregnancy with my friends in the 11th or 12th standard. All of it was incorrect information*'
	46–50	1	'*"Periods" was the word we would use; "chums" was not something that I would hear often*'

1.3.2.1.2 Understanding Menopause. Menopause remained an enigma for many participants, with menstruation being better understood in comparison. Out of the 30 participants, only six touched upon menopause, of whom four, aged between 46 and 55 years, were navigating menopause. On the contrary, two younger participants, falling within the 26–30 age bracket, demonstrated some awareness of menopause. One proactively sought information about menopause, while the other recounted witnessing her mother's struggles with menopause.

A participant (P12) recalled, 'My mother encountered numerous issues. She experienced extended bleeding sessions that lasted 15–20 days for several years. Eventually, she consulted a doctor and had her uterus removed'. A few participants had stumbled upon coping strategies to alleviate the symptoms of menopause. One had turned to Ayurvedic medicine, while another found relief through magnet therapy. The former, P23, remarked thus about her experience:

> *Since the last 3 or 4 years, I've entered the perimenopausal phase, sometimes experiencing periods twice a month. This fluctuation began about 2 or 3 years ago. My gynaecologist advised letting the process unfold naturally because I wasn't experiencing any significant symptoms other than mood swings in the morning. These mood shifts were occasionally so pronounced that I felt disinclined to do anything. Yet, my doctor believed it was manageable without medication.*

The latter, P10, shared the following about her tumultuous journey with menopause:

> *I've endured prolonged bouts of menstruation for years and even pled with doctors to remove my uterus, but they asserted it wasn't that straightforward. Ultimately, a doctor*

used magnet therapy, which brought some relief. Although the magnet therapy didn't cure the white discharge issue entirely, there was an improvement. When my periods eventually ceased, the white discharge also subsided.

1.3.2.1.3 Issues With Reproductive Health. Many participants grappling with reproductive health challenges often struggled to pinpoint the exact nature of their issues. They found it challenging to discern between what constituted a regular bodily function and what might be a potential health concern. For instance, many young women remained oblivious to the symptoms of PCOD, leading to delayed diagnoses. One participant (P7) recounted,

Initially, I wasn't overly concerned because I never faced such issues as a child. It was only after moving out that I began experiencing irregular periods. When I sought medical advice, I was diagnosed with PCOD and advised to plan for a pregnancy soon. Remarkably, within 6 months, I was pregnant, and the PCOD seemed to have been alleviated. However, I subsequently suffered a miscarriage. After the birth of my second child, I started facing reproductive health challenges. My menstrual flow became irregular and significantly reduced. Presuming it might be menopause, I visited a doctor even though I wasn't 30 years old. After being prescribed alternative medicine, I experienced such a substantial flow that I had to take medications to halt the bleeding. I had endometriosis, which required treatment but was resolved after that.

Contrastingly, another participant (P16) had no discernible health problems but underwent three miscarriages. She expressed that '*suffering two miscarriages was unexpected. In India, pregnancy and childbirth are perceived as routine processes. However, my doctor in Canada informed me that about 33% of first-time pregnancies result in miscarriages*'. Others had a string of continuous issues. As one participant (P17) narrated,

For years, I had severe acne and experienced excruciating pain during my periods. After my marriage, I was prescribed contraceptive pills and later diagnosed with endometriosis, necessitating surgery. I was informed that once married, engaging in sexual activity would alleviate period pains, but my experience was the contrary. After being diagnosed with PCOD at the age of 35, I opted for natural remedies, but by the age of 39, the cyst had grown considerably. After removing the cyst, I unintentionally conceived at the age of 40.

In certain instances, the intensity of the suffering led women to opt for remedies that had long-term implications. As a participant (P27) stated,

I was advised to take hormonal pills to manage my excruciating cramps. They are essentially contraceptive pills, so they would only temporarily stop my periods and were followed by periods that lasted for extended durations. The pain was so intense that I couldn't even use the restroom. I was willing to take that route if it meant relief for even two weeks to manage my daily tasks

1.3.3 Factors Influencing Information-Seeking Behaviour

Adolescence is an ideal period to educate individuals about health and healthy habits. Lifestyle changes made in adolescence are likelier to stay with individuals for a lifetime. Additionally, the habits and behaviour patterns formed during this phase can influence one's life prospects, further affecting long-term health and social implications that require explicit attention (Liang et al., 2019; Sawyer et al., 2012). Hence, identifying the factors that influence learning in one's formative years is essential.

1.3.3.1 Influence of Sociodemographic Setting. The residential location of an individual potentially affects information-seeking behaviour. The qualitative study's objective was to identify the learnings that occurred during adolescence as well as the impact that a location had on information-seeking behaviour during the participants' formative learning years. Of the 30 participants, six had been in one location throughout their life, all of whom were above 45 years; six (all of whom were older than 45 years) had been in one location throughout their life; one had shifted from a tier-1 to another tier-1 city; four from a tier-2 to another tier-2 city; one from a tier-1 to a tier-2 city; and seven from a tier-2 to a tier-1 city. Further, six had moved around several cities and were currently staying in a tier-1 city; one had moved abroad from a tier-1 city; two had moved abroad from a tier-2 city; and two had shifted locations multiple times within India.

Eight participants mentioned that the most influential years of their lives were in school, where the foundation of their learning was laid. Additionally, six mentioned that school was a safe and secure space with no external worries, such as parental guidance. One participant (P20) recalled a time with '*no worries and external stress, when it was all about going to school, coming back, and playing with the neighbourhood children*', and P22 stated, '*I give more credit to my school because schools are the foundation of everyone's life*'. Similarly, P25 reminisced about her boarding school days, saying, '*I felt that I fit better there and was a very happy being*'.

Conversely, three participants felt that although school offered a secure environment, essential learning and decision-making skills were developed during college. A participant (P19) remembered the shift to independence and increased exposure after moving to Delhi: '*When I moved from my hometown, I had to start managing myself quite a bit during the 11th and 12th standard. I learnt a lot from being in a co-ed school, where the atmosphere is more open*'. All participants concurred that college was where real-life learning occurred, testing the foundational knowledge they had gathered during their school years. As P23 commented, '*learning regarding life occurred during my college days*'. Similarly, P25 noted the transformative nature of her college years: '*Bangalore definitely changed me because I was exposed to several things one often does growing up that I didn't do in school or at home*'.

Two participants mentioned facing challenges in school, such as adjusting to new environments and forming friendships, due to frequently relocating because of their fathers' occupations. This experience, however, honed their adaptability: '*Going to so many different places with different cultural backgrounds was kind of difficult when I was in school … later on though, it was a huge advantage*' (P).

1.3.3.1.1 Perceived Notions. For some, cultural conditioning led to an avoidance of discussing or exploring topics related to their bodies. One participant (P7) remembered,

> *I was a good girl and not interested in such topics ... one of my friends had a 'gyan ka bhandar' [storehouse of knowledge] and so on. I had no idea and had never heard about masturbation, though. I had no idea what male reproductive organs looked like and what occurs during sex. I knew the theory, but only when I became engaged to marry did I feel I should discover more.*
>
> In a similar vein, another participant (P29) shared, '*I studied in a girls' school but was never interested in such topics, as I was the role model and should not discuss these topics. In a middle-class family, discussing such topics is a no-no*'.

Several myths and misconceptions emerged that lacked scientific evidence. Some participants thought periods were linked to the planetary system, rendering menstruation a period marked by impurity and negative energy. One participant (P11) mentioned her husband's beliefs: '*My husband belongs to a Brahmin family who believes that menstruation is connected with the moon, which is inauspicious. Consequently, I'm barred from entering the kitchen and cooking for 3 days. I prefer not to discuss and avoid the topic*'. On a similar note, a participant (P1) mentioned, '*Change some things is difficult even though they don't make*

sense scientifically … my brother believes periods cause discomfort and consequently, an imbalance that creates negative energy. Thus, he doesn't let me attend pujas at his house when I'm menstruating'.

Interestingly, a participant (P6) referenced a study that attempted to find the scientific rationale behind certain practices, arguing that the way temples were constructed meant high energy concentrations could interact negatively with the downward flow of energy during a woman's period, leading to cramps. She also mentioned an alarming belief she once held,

> *A priest once said in a gathering that a woman developed cancer because of cooking and touching the stove during her period. That scared me a lot. I remember thinking 10 times before making tea during my periods, but later on, as I grew up, I realised that what the priest said could not be accurate.*

1.3.3.1.2 Sociocultural Practices. In India, many sociocultural practices related to menstruation and reproduction are prevalent and have been practised for centuries, often without question or examination.

1.3.3.1.3 Guidance From Partners. During her challenging years in the 12th standard, one participant (P24) grappled with depression and overwhelming stress. Her mother's counsel centred on the comforts of favourite foods and adequate rest. In contrast, her boyfriend emphasised the therapeutic benefits of regular exercise, especially during her menstrual cycle. Reflecting on different life stages, she said,

> *I wasn't particularly active at school. The environment at college was starkly different and lacked opportunities for physical exertion. However, post-marriage, my husband introduced me to the world of yoga. He engages in regular sessions, and while my dedication might not match his, the positive influence of yoga on my life is undeniable.*

1.3.3.1.4 Navigating Cultural Differences After Marriage. After marriage, several women found themselves amid conservative family values, compelling them to adjust to new social norms. The voice of a new bride, often muted by tradition, meant they had to conform to many rules and customs they did not believe in. Depending on the family, norms could vary considerably. As one participant (P7) shared,

Depending on the family, norms could vary significantly. At my parents', while I was restricted from certain kitchen activities, such as using the stove, there were some leniencies, such as having access to biscuits or water. However, in my in-laws' home, such liberties were absent. They forbade me even from entering the kitchen or using the water filter. They allocated a water bottle and glass for my room, expecting me to remain confined for the day.

Yet, resilience was evident. A few brave women challenged these conventions through open dialogue with their in-laws or overtly defying these rituals. As one woman (P5) recounted,

My mother-in-law asked me to avoid everyday kitchen tasks and even asked my husband to sleep separately. Such archaic practices made me feel like I was living in the 12th or 16th century. However, this lasted only until my first menstrual cycle after marriage. Feeling the weight of this injustice, I spoke with my husband, who later relayed our feelings to his mother. Given that there had never been a female child in the family, my mother-in-law was uncertain about differentiating right from wrong and adhered to age-old village traditions.

1.3.3.2 Exposure to Information.

1.3.3.2.1 Role Models. Most participants had role models they would look up to for life lessons. For most, this would be their mother; however, in many cases, the role models changed over the years based on the participants' experiences. The categories that emerged for the role models are shown in Table 5.

1.3.3.2.1 Knowledge Obtained in Schools. A distinct memory retained in most participants' minds was the life-skill lessons imparted during their school years.

Recalling a challenging academic setback, a participant (P3) shared, 'My sister was an excellent student but was extremely upset once because she couldn't write her exam. My father spoke to the principal, who opined that my sister must deal with the situation and that failures are part of life'. She also emphasised the holistic development school provided. Almost 75% of the participants mentioned that school was where they were first exposed to the topic. The memories retained from those sessions often involved an interactive video of the menstruation process, which was overwhelming, as well as instructions on how to use pads, maintain good hygiene, and so on. One participant (P5) recounted, 'Around our mid-teens, people would come and teach us how to use sanitary pads, how long a cloth can be used if that is what you're used to, and so on. This was something the school arranged for us'.

1.3.3.2.2 Perspective Change Through Literature and Film. The media's influence in shaping the participants' worldviews was palpable. Books and films, in particular, played pivotal roles, ushering in revelations or reshaping worldviews for some and offering an escape to the fantastical realms of imagination for others. After delving into the novel *Atlas Shrugged* by Ayn Rand, one participant (P1) felt a seismic shift in her perspective. She remarked, '*I was 15 years old the week I finished the book. It felt like my life had turned upside down, and everything I believed in was shaken. It was as though the book rewired my thinking*'. Similarly, the movie *Kya Kehna* served as a catalyst for another participant (P12). She said, '*This was my first exposure to a sexual life outside marriage. ... It altered how I perceived pregnancy and the societal norms surrounding it*'. For yet another individual (P26), art and literature became the lenses through which she viewed the world. Drawn to Impressionism and the tormented life of Vincent van Gogh, she said, '*I identified deeply with his passion for art. To me, it signified a detachment from societal norms*'.

Table 4

Emergent Categories of Role Models

Role models	Quotes	Number of participants
Strong women in the family	'*My mother is the strongest. She struggled considerably in her intercaste marriage; funnily, religion was the only non-problematic thing. … My mother was the first to obtain a Secondary School Leaving Certificate, and my grandmother received two gold medals in surgery and medicine from her college. That's the sort of example they set for us … I appreciate such women. Even my mother-in-law was a poet … I deeply appreciate everything women have achieved*' '*The communication she encouraged did not stem from being a mother. She was being a friend—somebody I could talk to*'	9
Father and husband	'*My father was a positive influence in terms of his temperament and the initial struggles in his career… he had a considerable impact on my life. … After marriage, my husband was a good example of how to be positive and "in sync with life". His outlook is similar to that of my father's, but he also knows how to deal with challenges by maintaining your sanity basically*'	3
Progressive grandparent	'*My grandfather was my role model, and if I ever get a chance, I will try to take the same path he did. He was involved in much progressive work for girl education*' '*My grandmother was keen about building bone strength and so on. She climbed hills when she was 67 years old*'	2
People facing life's challenges	'*One of my mentors is a very hardworking and sorted person, and one of my relatives was ever-smiling, always with a wise approach towards any situation*'	2

Role models	Quotes	Number of participants
	'*At the age of 10, my role model was my English teacher. I really liked how she carried herself, her confidence, personality, and presence; yet, she was a mother, an excellent cook, and could stitch her own cloth. … There was an older couple without children. I looked up to the wife, a professional and excellent cook. The way she carried herself, maintained her house, and hosted parties was impressive. … I always admire or like to read the biographies of those who have accomplished something, regardless of their gender, area, or field. It could be art. … I enjoy reading about the struggles they have overcome to get to where they are. It strongly motivates me whenever I am stuck or facing a problem I cannot solve. I try to find people who have overcome similar or comparable issues*'	
Famous personalities	'*Van Gogh was my first hero. I wanted to feel the same type of passion that he felt for his work*'	3
Evolution with age	'*Different role models are like different characters. For example, my mother has the patience to deal with a lot. … work and follow your passion. … people who are doing many things and are successful and happy. People who achieve something despite doubting themselves often become my role models*'	3
	'*I have always admired women who stand their ground, and have never associated myself with women who conform to being a "traditional housewife". … be like Durga rather than Lakshmi, I say. I have always admired women who are employed or are doctors or scientists. Yes, stand on your feet and claim your identity: nobody else can define your identity*'	

1.3.3.3 Memories Retained From Adolescence. Adolescence is a dynamic phase that serves as a crucible for our identities and is a period where our experiences shape our beliefs, values, and cognitive development. The memories etched during this phase can leave a lasting imprint, influencing our behaviours and decisions later in life. As one participant (P8) aptly reflected, '*If you learn something at an early age, whether it's from a parent, teacher, or neighbour, it will stay with you for life*'. Another participant (P26) reminisced about the joys of youth and the exhilarating sense of freedom:

> *There was this feeling of liberation. I remember going to a park in Bangalore and reading a book under a tree, wondering why everyone wasn't doing the same. Yes, there were some negative experiences, such as being harassed, but the overall freedom was incredibly precious.*

The sources of the memories shared by the participants could be categorised as follows:

- Perceived notions
- Literature and film
- Sibling relationships
- Metaphoric learning
- Guiding messages from fathers
- Lessons learnt in school sessions
- Disciplinary messages from mothers
- Transferring knowledge across generations
- Knowledge transmitted from mothers to daughters
- Knowledge transmitted from grandmothers to granddaughters
- Knowledge transmitted from mothers-in-law to daughters-in-law

1.3.3.3.1 Sibling Relationships. The dynamics of sibling relationships, particularly between sisters, offer unique insights when it comes to the realm of adolescence.

For the elder sister, the experience may involve uncharted territory. As recounted by participant P5, '*My aunt informed me three or four months before I got my first periods. I didn't know anything before that*'. In contrast, younger sisters often have the advantage of observation. By witnessing the experiences of their elder sisters, they may gain a preliminary understanding, albeit filled with assumptions. This early exposure means they are less likely to be caught off-guard when they undergo the same experiences. As participant P5 further elucidated,

My sisters had some assumptions. My aunt would spare me from doing some chores, and my sisters would complain about the concession I was given. Eventually, my aunt gave my sisters a rudimentary explanation as to why I needed to rest, through which they learnt that it is a phenomenon.

1.3.3.3.2 Metaphoric Learning. Metaphoric learning emerged as a prominent lens to teach or refer to sensitive topics. The participants' recollections shed light on the complex interplay of cultural, familial, and societal influences that moulded their understanding of specific issues.

One of the most notable examples shared was an advertisement discouraging child marriages. As a participant (P7) described, this advertisement metaphorically depicted a kalash or earthen pot made of raw mud, which would break when filled with water. '*We could imagine that the kalash was the uterus and if you pour something in it, it would break, which was associated with child marriage*', she explained. By the ninth standard, when formal education introduced the topic of reproductive health, the real meaning behind the metaphor began to be understood, although complete comprehension came even later.

Another metaphor was shared by a participant (P9) whose mother used the example of flower pollination and flower anatomy to explain intercourse, along with cross-sections of flowers to demonstrate how pollen reaches the stigma. However, the metaphor was not thoroughly understood, leading the participant to harbour confusion and misconception, especially when she experienced sexual abuse in childhood. She was unable to share what had happened with her parents, afraid that they would blame themselves, and consequently was highly stressed for some months because she did not know that conception does not occur in the menstrual phase.

Similarly, another participant shared a metaphor used by her grandmother: 'She said in Telugu, whether the thorn falls on a banana leaf or the banana leaf falls on a thorn, it's the banana leaf that gets torn'. While it was intended to caution the participant, she interpreted it in a rebellious way, indicating that the meaning of a metaphor can be fluid and evolve based on personal experiences and perceptions.

Metaphors, while powerful teaching tools, can sometimes be ambiguous. As evident from the participants' experiences, while they can simplify complex concepts, metaphors can also lead to misconceptions if not adequately explained. The participants' memories highlight the importance of clear communication and guidance for pivotal topics during adolescence.

1.3.3.3.3 Guiding Messages From Fathers. Fathers often played the role of a moral compass, offering guidance on discerning right from wrong. Some comments were brusque but left an indelible mark, helping participants navigate life's challenges. One participant, P2, highlighted how her conservative and orthodox father delicately navigated the topic of friendships with the opposite sex. She shared, '*My father … said that boys can be good friends, but you have to be cautious because they can take advantage of the situation*'.

For P13, her father's words were a harsh reminder of trust and expectations. She painfully recalled, 'My father spent a lot of money on me. I could not cope academically in the 12th standard or prepare for the pre-medical examination. He told me that I "broke his trust" during that time— a negative memory that persists'.

These remarks underscored the weight of parental expectations and their long-lasting impact on one's psyche. On the other hand, participant P22 highlighted her father's surprising reaction to her being followed by boys. She said,

> *When I was young, boys would sometimes follow us to our home. Whenever I came home scared or awkward, my father would ask what happened. He said, 'I am so proud that so many boys like my daughter'. Of course, you should not be proud and stay cautious, but why take it negatively?*

This response not only showcased a father's pride but also emphasised the importance of viewing situations from a positive lens while remaining vigilant.

1.3.3.3.4 Disciplinary Messages From Mothers. The relationship between a mother and her daughter, particularly during adolescence, is profoundly important. Mothers, often the primary caregivers, wield significant influence in shaping attitudes, beliefs, and behaviours. The interviews showed that their words, whether spoken in caution, love, or guidance, left indelible marks on their daughters' psyche.

For instance, participant P4 touched upon the topic of societal appropriateness and the emotional repercussions of parental scolding: '*My mother used to scold me if I presented myself in a dress that was not suitable. I used to feel bad, which did not change until later*'. This reveals the disciplinary measures mothers take and the internal conflicts and adjustments their children undergo in response.

The subject of intimacy, generally regarded as taboo in India, was mentioned by participant P15. She recalled, 'The one piece of advice my mother gave me is that sex is

magnificent. When it happens, and if you really want to do it, you should go ahead and do it'. This statement underscores the empowering nature of open conversations, guiding adolescents towards a healthy understanding and relationship with their bodies and partners. Trust forms the foundation of most relationships, and the bond between a mother and child is no exception. This reflected by the profound impact on P19 of her mother's words: 'I remember my mother saying, "Whatever you do, make sure you don't break our trust". That line has remained with me ever since'.

Hygiene, particularly during menstruation, is a crucial concern for many women. Participant P26 highlighted her mother's emphasis on cleanliness, saying, '*My mother always stressed the importance of being clean when having one's periods … hygiene is the only thing I clearly remember her telling me about*'. Such messages may reinforce the importance of self-care, ensuring well-being during physiological changes.

1.3.3.3.5 Transferring Knowledge Across Generations. The intergenerational transfer of knowledge was evident for participants whose families had had a strong influence during their upbringing. Many participants recalled practices and wisdom passed down through the ages—some emphasised self-care, while others revolved around adhering to cultural norms and traditions.

1.3.3.3.6 Knowledge Transmitted From Mothers to Daughters. Many emotions, experiences, and teachings often characterise a mother-daughter bond. This bond is a potent conduit for transferring knowledge, values, and traditions across generations. In the context of reproductive health and well-being, this relationship played a critical role, shaping the participants' understanding of their own bodies and their approach to personal health and societal norms.

Some mothers, recognising the importance of early education, seized opportunities to impart knowledge. As participant P22 mentioned, '*When my daughter was reading about reproductive health in the sixth standard, I took the opportunity to explain the topic to her in detail*'. Here, an academic context was an apt backdrop for a deeper conversation.

Some, such as participant P23, integrated popular culture into these crucial conversations: 'I have open conversations with my daughter. As a fan of Akshay Kumar, I selected him as a role model and told her what he does to take care of himself'. However, not all mothers felt the necessity of such dialogue, often assuming that school education would

suffice. This sentiment was echoed by P10: ‘I didn’t have to say anything to my daughters; they know everything and are experts in using pads. And if they don’t know, they will ensure they know’.

There were also mothers who, despite a medical background, only offered practical information and refrained from discussing the consequences and implications, possibly owing to personal beliefs or societal taboos. The narrative of P15 was particularly heartrending: ‘*My mother is a doctor but a conservative person. She never discussed anything with me the way she would with her patients. That was an absolute trauma; I thought I would die*’.

Some mothers made conscious efforts to meet their daughters’ nutritional needs. For participant P2, her ‘*mother suddenly started giving calcium supplements, which continued for a long time. She said the supplements would ensure painless periods and also started giving me salads. I never had painful periods and was always active during that time*’. Similarly, P3 illustrated how her mother ‘*set a healthy diet for when I had periods, emphasising the strength-giving qualities of eggs and milk. She insisted I eat eggs on days when I bled and was consistent about it*’.

Some participants felt their mothers lacked empathy and an understanding of their problems despite having open conversations. As participant P15 mentioned, ‘*It was a struggle to help my mother understand that periods can be painful*’. Another dimension was highlighted by P17, who recalled, ‘*My mother was an athlete, so my sister and I had an aversion towards physical fitness. I was a rebel and would do the opposite of what I was told. I led a sedentary life and realised that I wasn’t mentally strong enough to exercise. My mother could never understand that*’. The experience of one participant (P18) shed light on a mother’s concern as well as the harshness that sometimes accompanies it: ‘*My mother was a doctor. Upon finding out that I used Cyclopam, she insisted I stop doing that and start exercising. That was harsh because I used to vomit sometimes*’.

1.3.3.3.7 Knowledge Transmitted From Grandmothers to Granddaughters. Grandmothers, often a repository of time-tested wisdom and practices, have traditionally played a pivotal role in imparting knowledge, especially to granddaughters. Their guidance often focused on self-care and life skills.

The narrative of participant P21 underscored this dynamic as she spoke of the distinctive roles her mother and grandmother played in her upbringing:

> *I discussed things with my mother and grandmother. While with my mother, it was all practical advice, such as drinking warm beverages to help soothe during periods, with my grandmother, there were more spiritual discussions that touched upon life skills. Both of them helped me get to where I am today.*

Here, the mother's approach was pragmatic and addressed immediate concerns, whereas the grandmother offered a broader perspective with a grounding in life skills. Similarly, the experience of P25 revealed the emphasis grandmothers placed on traditional remedies and practices. She reminisced, '*My grandmother made me eat raw eggs for a week as well as gingelly (sesame) ladoos to gain strength*'.

1.3.3.3.8 Knowledge Transmitted From Mothers-In-Law to Daughters-In-Law. Six participants mentioned that they had to adjust to cultural changes after marriage. For some, the husband's family was more conservative than their own family; consequently, they were forced to abide by rituals and customs despite a lack of willingness. The mothers-in-law of some participants stayed in a village or did not have a daughter, following the same rules as other villagers and peers. In such cases, an open conversation helped change viewpoints. For instance, participant P5 highlighted the challenges and rewards of engaging in open dialogue: '*My mother-in-law lived in a village, which had shaped some of her beliefs. However, offering a logical explanation helped her understand what was correct*'.

1.3.4 Factors Affecting Knowledge Building

The interviews reflected that knowledge was acquired through multiple sources over the years and evolved over time. Further, it was influenced by information seeking, the participants' immediate environment, the result of an intergenerational transfer, and in some instances, knowledge of lifestyle changes. The following sections discuss the factors influencing knowledge building regarding reproductive health and well-being.

1.3.4.1 Knowledge Through Lived Experience. In correspondence with the quantitative data described in Chapter 5, the qualitative narratives suggested that maximal learning stemmed from either lived experience or information shared about others' lived experiences. The incidents narrated in the qualitative interviews suggested that most

participants were uninformed about and unaware of the health implications of topics related to reproductive health and well-being. Overall, the participants were unprepared and dealt with difficult situations as they arose. In such circumstances, participants often turned to individuals who had previously navigated similar situations, finding in them a valuable source of support and guidance.

1.3.4.2 Influence of the Immediate Environment. The interview data showed that the participants' immediate environment had the most substantial influence on knowledge building, as it was within the trust circle with whom sensitive topics related to reproductive health and well-being could be discussed. This included peers, siblings, and occasionally mothers in situations where the participants were comfortable with a discussion.

In most situations, peers were the cornerstone for knowledge building. As participant P9 reminisced, 'The hostel I grew up in was a wonderful place to grow into an adult. You could talk about menstruation, health, feminism, and other topics like that'. Peers also comprised a strong support group where adverse incidents could be discussed, providing psychological and mental support. In the words of a 46-year-old participant,

> *Those sessions made me realise that there was not a single female child in the hostel who had not experienced some form of sexual abuse. Not necessarily penetrative acts or rape, but some type of abuse nonetheless. It was liberating to realise that I didn't need to keep these things to myself; doing that was not worth it.*

Siblings are an essential source of support for developing an understanding of reproductive health and well-being. They would often share their experiences and be a conduit for transferring family customs and traditions; for participants who had elder sisters, they would take on a mother-like role to discuss and explain sensitive issues.

Mothers, however, would predominantly be the ones to initiate conversations regarding menstruation with their daughters to make them aware and informed. Broadly, two types of relationship dynamics emerged between mothers and daughters: one, where the mother would give the daughter space to discuss everything, and the other, where the mother would instruct the daughter what to do. Some mothers trusted schools to have discussions about these topics. At least two participants mentioned that their mothers did not feel comfortable discussing specific topics despite being doctors, which led to ignorance. However, a noteworthy shift in dynamics was observed when modern-age daughters began educating their mothers, indicative of a role reversal.

1.3.4.3 Learning From School and College. The curricula in educational institutions laid the foundation for understanding reproductive health and well-being for most of the participants. However, the teaching pattern changed over the years. Older participants, particularly those above 40, recalled receiving more theoretical than practical knowledge. In contrast, younger participants mentioned that reproductive health and well-being topics were taught creatively to foster a conceptual understanding.

The interviews also suggested that, in school, information was delivered in a controlled manner. Later, due to the emergence of technology and social media, the participants had access to various sources of information. However, not all of these sources had been vetted, leading to scepticism and distrust of some sources.

1.3.5 Towards Self-Reliance

Most of the 30 participants experienced some reproductive health issues, and only a handful consciously attempted to be mindful about their health-seeking behaviour. Only a few were aware of their well-being and consciously tried to stay healthy. Of them, one had learnt from a parent, four had learnt from self-education, and two had learnt from lived experience.

Participant P29's narrative encapsulated a belief in the body's natural rhythm, emphasising a balance between embracing physical processes and adopting a disciplined lifestyle. She shared,

> *Periods are natural processes, so let them occur naturally. … The more you interfere, the more you harm your body. Sometimes, the flow was heavy, and sometimes, it was delayed, but I never tried to do anything about it and just let myself be. I focused on good nutrition, regular exercise, and proper hygiene. My parents insisted on a balanced lifestyle. I love cycling; feeling the wind in my hair is very romantic. Walking lets me connect with my daughter and husband and catch up and chat with close friends.*

On the other hand, participant P17's journey reflected a resilience that emerged from confronting health challenges head-on. She explained,

> *After facing several issues over the years, I became more comfortable with my body and ideas. Therefore, I was okay with experimenting and seeing what happens. I was diagnosed with PCOD at approximately the age of 35 and had a cyst in my ovary that needed removal. I was also told that I would be unable to have children or find it difficult to conceive because the cyst was in a particular position. I was already married*

for 11 years by then, though, and we had decided we didn't want children and were okay with not undergoing laparoscopic surgery and seeing how the cyst could be managed on our own. After that, I went on a path of self-discovery and tried different things: I went gluten-free, dairy-free for a few years, exercised, started walking more, and became more conscious of what I was eating. … I cut down on sugar and went for yearly checkups to see if the cyst was growing. In summary, I was trying to do both things together: take a natural path to manage the cyst while also being conscious that scientific information was available. I wanted to see if what I was doing was working. … I became stronger emotionally, probably because of several factors. It was the healthiest I had been in 20 years, and I was also more mindful.

The narratives from P29 and P17 demonstrate the various paths individuals can take towards self-reliance and well-being, shaped by personal experiences, beliefs, and the support systems around them.

Lived experiences profoundly shaped the participants' lifestyle choices. A participant (P6) reflected thus on past choices, '*Previously, my lifestyle was severely imbalanced: little to no exercise and unhealthy eating habits. Even after medical interventions, I failed to make the necessary changes immediately. However, the accumulated stress pushed me to re-evaluate and adopt healthier habits*'. The narrative of P14 demonstrated how age can serve as a wake-up call: '*I didn't exercise until I hit 40. The persistent aches and pains became hard to ignore, and walking became my go-to solution*'. Meanwhile, P25 highlighted the sharp contrast between her active school days and the detrimental habits she picked up in college, '*School was all about sports, long walks, and healthy eating, but college brought a shift. I indulged in drinking and smoking, which was fun initially, but soon, my health suffered. Now, frequent visits to the gynaecologist have become the norm*'. These accounts highlight that while guidance can set one on a path, lived experiences often serve as the most potent motivators for lasting change.

As the journey towards self-reliance and better reproductive health unfolded, participants highlighted various factors that drove them to modify their lifestyles. These shifts played a vital role in their overall well-being, whether through the influence of family or their own experiences. For some, maternal guidance was a foundational pillar. A participant, P29, shared the following about her mother's influence on her wellness journey, '*My mother always stressed the importance of yoga. While I couldn't commit to practising it daily, I ensured it was part of my weekly routine. My parents inculcated healthy habits early on*'.

1.4 Summary

The qualitative data revealed significant evidence of sociodemographic influence that impacts information seeking at an early age. The aspects that emerged as factors influencing information seeking included sociocultural practices, perceived notions, the influence of parents and partners, and navigating through cultural differences. The themes that emerged from the data could be mapped with Bronfenbrenner's (1979) ecological systems theory, referred to in Chapter 1. The factors that promoted knowledge building included changes in perspective due to exposure and peer learning. In addition, learning through role models and metaphors emerged as a prominent theme from the data; this substantially impacted learning and recall for specific information.

Hence, these concepts were taken forward in designing the toolkit. Awareness and consciousness towards well-being were the prominent factors that led to sustainable behaviour change. However, the data suggested that, overall, knowledge about reproductive health and well-being is attained through lived experience gained over the years. The qualitative participants were unable to speculate about future health implications when they were young adolescents. To understand the extent to which this occurs, the survey questionnaire method was used to conduct a quantitative study, described in detail in Chapter 5